# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST SHA	ARRON MI	OFFICE USE ONLY
NAME	NICKNAME LAST SPE	WCE/L SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	ity; state; zip code Ten Grapeviar EPA 7605/	City Secretary's
Change of Address		, , , , , , , , , , , , , , , , , , , ,	Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 488-6/68	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR CHLUIM	<b>∑</b> M.	Receipt # Amount \$  Date Processed
NAME	DOUG ROGER	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 32/4 WINTER GREEN		ZIP CODE LUIN É TX 76051
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 964-7435	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 /27 /18	THROUGH 4	25 / 18
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 / 5 / 18 General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) GRAPE VINIE CITY COUNTRIC, Pl.	2 City Cou	GRAPEVINE INCIL Pl. 2
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME SHARROM SPENCER 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE COMMITTEE NAME			
	COMMITTEE ADDRESS  SPECIFIC			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
Additional 7 ages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 145.00 \$ 7663.38	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 782.96			
CONTRIBUTION BALANCE	5. TOTAL F	\$ 9380.81		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 10,000.00	
18 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me				
SHAWNA BARNES under Title 15, Election Code.  Notary Public, State of Texas Comm. Expires 04-13-2019 Notary ID 130188090  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Shorton Spencer, this the day of April , 20 18 to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
Signature of officer administering oath Title of officer administering oath Title of officer administering oath				

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  SHARRON SPENCER  20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6763.3 <b>8</b>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 748.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>_</del>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 37.57
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHALLON SPENCER 5 Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ 4 Date 7 Amount of contribution (\$) LYNEC MANNING 6 Contributor address; City; State; Zip Code 2434 EUS 57. DHUMI, 7x 15209 Cation / Job title (See Instructions) 9 Employer (See Instruct a 150.00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) PAUL GARDINEN Contributor address; City; State; Zip Code 6805 CAULFIELD DAUMITY 75248 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) BLE 77 WILLIAMS Contributor address; City; State; Zip Code 5/08 OAK TREE DAWAY, 7x 75287 250.00 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

CONT	RIBUTIONS		SCHEDULE AZ	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME SHARRON SPENICEN		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 4/25/18	6 Full name of contributor out-of-state PAC (ID#:  Lynebl Manning 7 Contributor address; City; State; Zip Coc 2434 Ellis Dauks TX	ie 75204	8 Amount of Contribution \$ In-kind contribution description  3,526.8/ ADV. EXP.  Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
4/25/18	Full name of contributor   out-of-state PAC (ID#:	75287	Amount of Contribution \$ In-kind contribution description  # 3,236.57 ADV. EXA.  Check if travel outside of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
202,		Contrib	butor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI	III E AS NEEDED	
lf	contributor is out-of-state PAC, please see instruction			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME SHARLON SPENCER 3 Filer ID (Ethics Commission Filers) GLAPFVINE TX. 76051 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ADV. EXP Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH U.S. Post office City; State; Zip Code GLAPEVINE TX. 76051 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH PRINT PLACE

Payee address; City; State; Zip Code

1130 AVE H. E HRLINGTON PX 76011 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Objecholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services S	Finding Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
<b></b>	The Instruction Guide explains i	now to complete this form.
1 Total pages Schedule F1:	SHARRON SPEN	TCER 3 Filer ID (Ethics Commission Filers)
4 Date 4/10/18	5 Payee name AMBUC CHARIT	Y GICF TOURNAMENT  Code  3 Filer ID (Ethics Commission Filers)
6 Amount (\$/)	7 Payee address; City; State; Zip (	Code
*300.°°	GRAPEVINE TX.	76051
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adventising Expe	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip C	Code
	Category (See Categories listed at the top of this sched	dule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip C	)ode
	Category (See Categories listed at the top of this sched	dule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

<del> </del>			
	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	,
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By Giff/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME SHALLON SIE	NCER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 37.57
5 Date 4/6/18	6 Payee name WALMART	<u> </u>	
7 Amount (\$) 7.30	8 Payee address; City; State;	•	
9 TYPE OF EXPENDITURE	Political [	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the ADV. EXP.	Check if tr	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date //6//8	Payee name SAM'S Chu	පි	
Amount (\$)  430,27	Payee address; City; State;	•	
TYPE OF Expenditure	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of the Adventising Exp	Check if tra	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
The art			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDILLE AS NEED	DED